

**Testimony in Support of Raised HB 6616: “An Act Concerning Expansion Of Husky Health Benefits  
To Those Ineligible Due To Immigration Status”**

Maame-Owusua Boateng, BS

Joint Committee on Human Services

February 14, 2023

SUBJECT: H.B. No. 6616 (RAISED) AN ACT CONCERNING EXPANSION OF HUSKY HEALTH  
BENEFITS TO THOSE INELIGIBLE DUE TO IMMIGRATION STATUS

Dear Senator Lesser, Representative Gilchrest, Senator Seminara, Representative Case and other  
Distinguished Members of the Human Services Committee:

My name is Maame-Owusua Boateng and I am a student at the Yale School of Public Health. I am a child of immigrants from Ghanaian parents. I stand in support of HB 6616: An Act Concerning Expansion Of Husky Health Benefits To Those Ineligible Due To Immigration Status. Expanding access to HUSKY regardless of immigration status is an important step in ensuring our immigrant community has access to the healthcare we need. But our work doesn't end with expanding access up to age 26; we need to open access to HUSKY and healthcare to all immigrants of any age. If Connecticut wants a future that includes healthy families and a stable, thriving, and growing workforce that is ready to meet the needs of our future, Connecticut must ensure that these individuals have access to health coverage.

With expanding access we also need to expand our field of cultural humility. From growing up, I have recognized the difference in how Americans approach healthcare versus Ghanaians. When I was 16 years old I visited a nutritionist. I went with another family member. When I was describing my daily diet, I could see there was not understanding of my cultural difference. The family member and I tried to explain what these dishes were, what they contained and such, but there was still not a full understanding. My nutritionist went on to tell me that there were healthier American alternatives to Ghanaian foods. I could see that there was a disconnect between the patient and the physician and the barrier that was present was cultural. Instead of the physician trying to learn about my dietary staples and seeking healthier alternatives or blending American and Ghanaian food, the nutritionist opted not to compromise. I had to learn how to eat healthy the American way. After a few appointments, my family and I gave up and decided to find our own ways of living a healthier life. I saw how cultural competency can be a big barrier for those wanting and receiving healthcare. And this is me as an American citizen with health insurance who was able to fully utilize the health insurance available.

A large part of my community recognized that medicine did not reflect cultural differences. Thus, a lot of Ghanaians did not utilize healthcare services that were accessible to them. Soon after, a community was formed in my hometown to talk about the rising health concerns such as diabetes, high blood pressure, and heart issues in the Ghanaian community. The nurses talked both in English and in my native tongue Twi to provide education. There was a sit-down chat to discuss how our high-carb Ghanaian diet was affected a lot of our health issues. We talked about how to consume an African diet but with healthier options rather than eliminating the culture altogether.

The goal of this bill is to achieve health equity by allowing everyone to have access to healthcare. Healthcare is a human right but how much so if not everyone can use healthcare the same? From Georgetown Health Policy Institute, patients are at higher risk of having negative health consequences, “receiving poor quality care, or being dissatisfied with their care. The quality of patient-physician interactions is lower among

non-White patients, particularly Latinos and Asian Americans. Lower quality patient-physician interactions are associated with lower overall satisfaction with health care”<sup>1</sup>.

Connecticut not only needs to provide access for insurance regardless of immigration status but offer culturally acceptable care so populations are able to use healthcare services to their greatest capacity. Involving health systems in developing culturally acceptable programs are good for business and increases the interest of patients to utilize these services, especially among marginalized populations. Services such as linguistic barriers, community centers centered around a specific culture, health communications, etc are necessary. I had my own experience with incompetent cultural care as an American, and imagine it for immigrant populations that have limited knowledge of the American culture and healthcare system.

I support HB 6616 and I ask the committee to support and pass this legislation. Looking forward, I ask the committee to work towards opening access to all immigrants regardless of age and making legislation that addresses the limitations of cultural humility in healthcare. If you have any questions feel free to reach me at, [maame-owusua.boateng@yale.edu](mailto:maame-owusua.boateng@yale.edu)

Thank you for your time,  
Maame-Owusua Boateng, BS

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<sup>1</sup> “Cultural Competence in Health Care: Is It Important for People with Chronic Conditions?,” *Health Policy Institute* (blog), accessed February 13, 2023, <https://hpi.georgetown.edu/cultural/>.